

stomach is not secreting a sufficiency of these substances to carry on efficiently the digestive work; or the laxative given to arouse a torpid bowel to proper action; or the expectorant administered to stimulate the secretion of mucus in a bronchial tube.

In large part, however, its action is that of guiding, or directing, or assisting the powers of the body through the course of a disease. Many diseases have their natural course, which they will run, are self-limiting, and cannot be cut short by the use of drugs. The various continued fevers may be given as illustrations. In this class the work which rational medicine lays down for itself is to assist nature to carry the battle with disease to a favorable issue. It aims to guide, to support, to prevent complications. But all the while it never gives up the search after the hidden cause, which, if found, it may hope to destroy.

Yet there still remains another class of diseases in which cure is hopeless: in which there can be but one termination, death. Still, even with this class, there remains a work for medicine to do, for now comes in play that phase of its powers which may be termed "alleviative medicine." The failing forces of the body are to be supported, so that life may be prolonged. Pain is to be eased, so that life when so prolonged may be made endurable. And then when life may no longer be prolonged, when the battle has been fought and lost, when the end draws near, and man comes to pass through the valley of the shadow, one last office yet remains for rational medicine to perform, *euthanasia*, easing the pangs of dissolution, soothing the death agony, and smoothing the rugged pathway for the feet of poor broken mortality.

#### RATIONAL MEDICINE HAS NO DOGMAS

I have endeavored to give you a picture of the field, and the work, of what I have denominated rational or regular medicine.

But you say, you have told us nothing of theories, of dogmas. You have not given us its creed.

It has none. And in this very fact lies its strength. Herein is the omen of a hopeful future. It has outgrown such things. It is now out upon a higher, broader plane. Practically it has no general theories. It avoids them. It has felt too much of the evil of them in the earlier stages of its own development. There was a time when it had its creeds; when it vainly thought that a broad science could be expressed in a single formula. Men so thought also in mechanics, in chemistry, in astronomy. And they, too, with the scientific physician, have learned that while such things are attractive, they are misleading. They seem so simple, and so plain; and in medicine, as in other sciences, such a single formula would render the perplexing questions with which one meets, so simple; and generalizing is so much pleasanter than delving after facts; yet herein science has never found the pathway to truth. Medicine has grown more modest with the mistakes and the premature generalization of all these ages. It is no longer ashamed or afraid to say, "I do not know."

In so varied a field, with a causation so varied, and apparently so ever shifting, is any one general and final theory of disease and its treatment possible? With the present light which we are able to throw upon the subject the answer would seem necessarily to be that it is not; that the field must ever remain a composite one; and that the men or the schools which frame one single law for guidance do so because of a narrowness of vision which fails to take in the whole field, which can only see one aspect of a complex or varied problem, and which yet judges this to be all. For single diseases, or for allied groups or families of diseases, theories may be formed, subject, however, to change with each coming of new light; but so far the kinship has not been shown to be sufficiently widespread to justify the framing of one general law to cover either the causation or the cure of disease.

I have said that rational medicine has, in a certain sense, no one creed. This much only, it now generalizes. In pathology its only guiding law is—search for the cause of the disease; in therapeutics, or the management of disease—any means that will effect a cure. It is not bound or restricted, and refuses to so bind or restrict itself, either as to means or the manner of using the means.

(To be concluded)

\* \* \*

#### ADDENDA

##### TO BIOGRAPHICAL SKETCH OF DR. JOSEPH P. WIDNEY

THE interesting biographical sketches of Dr. Joseph P. Widney, printed in CALIFORNIA AND WESTERN MEDICINE for April (pages 251 and 292), and May (page 396), evidently stimulating interest in the historical background of the California Medical Association and its component county societies, have received much comment, and it is to be regretted that, because of lack of space in the May issue, several items concerning the College of Medicine of the University of Southern California and Doctor Widney could not be included. They are now given, however, as of probable appeal historically to all readers, but particularly so to the many graduates of the University of Southern California, who are in active practice in the State.

##### Organization of Medical Department, University of Southern California, March 31, 1885

At a preliminary meeting of the profession, held at the office of Dr. J. P. Widney, March 31, 1885, to consider the advisability of organizing a medical department of the University of Southern California, the following physicians were present: Doctors J. P. Widney, A. F. Darling, H. H. Maynard, J. S. Baker, Joseph Kurtz, A. McFarland, F. T. Bicknell, G. W. Lasher, H. S. Orme, W. G. Cochran, W. Lindley, F. A. Seymour, and W. B. Percival. Doctor Widney, who had been elected dean of the faculty by the Board of Directors of the University, with power to organize the medical department, occupied the chair. On motion of Doctor Lindley, Doctor Percival was elected secretary of the meeting.

After calling the meeting to order and stating concisely the object of the meeting, Doctor Widney called on each one present for an expression of his individual opinion

as to the feasibility of the undertaking. The opinions expressed were largely in favor of prompt and energetic action in regard to the matter, and one and all, without exception, recommended that the institution be placed at once on a footing equal to any, and superior to the majority of medical colleges in the United States.

Many expressed themselves as being unwilling to have any hand in the organization of any school other than the very best.

Preparatory to the permanent organization the Chair appointed an advisory committee, composed of Doctors Kurtz, Maynard, Lindley, Orme, Seymour, and McFarland, to confer with himself as to the best plan to be pursued in the accomplishment of the desired object, and to report at a subsequent meeting. Upon motion of Dr. F. A. Seymour, the secretary was added to the committee to act in the same capacity. After some discussion on the amplitude of the field and the outlook for such an institution the meeting adjourned to convene at the call of the dean.

W. B. PERCIVAL, *Secretary*.

1 1 1

#### *Faculty Meeting, Wednesday Evening, April 22, 1885*

Pursuant to a call of the dean, a second general meeting was held at his office, at which the following were present: Doctors J. P. Widney, Walter Lindley, Charles A. H. De Szigitz, A. F. Darling, H. H. Maynard, H. Nadeau, Joseph Kurtz, A. McFarland, J. H. Utley, G. W. Lasher, F. A. Seymour, W. L. Wills, and W. B. Percival.

The dean, who presided, read a partial report of the Advisory Committee, which after some discussion was referred back to the committee, and the same continued with power to act. Doctor Widney read also an incomplete list of the professorships with the names of those selected to hold them. Many plans were now offered and some suggestions made as to the mode of procuring a building, securing funds, and providing for the necessary working material. On motion, the Chair appointed a Committee on Site, Building and Funds, composed of the following: Doctors Kurtz, Darling, Maynard, Nadeau. Doctor Kurtz reported that the new Sisters' Hospital would accommodate one hundred and fifty beds, also that the control of its clinical advantages had been secured. Meeting then adjourned subject to the call of the dean.

W. B. PERCIVAL, *Secretary*.

1 1 1

#### *Excerpt from Minutes of Faculty Meeting of September 22, 1896: Doctor Widney's Letter of Resignation*

... Doctor Widney spoke of hearing that the faculty had agreed on a successor to the deanship. He hoped this was true, as he had desired to retire for some time. He then presented his resignation, which was accepted, to take effect when his successor was duly elected.

#### *Letter of Resignation:*

Los Angeles, California, September 22, 1896.

To the Faculty of the College of Medicine of the University of Southern California:

Gentlemen:—Some two years ago, I expressed to you a desire to retire from the active duties of the deanship of the College, whenever you could unite on a successor. As I understand, you have agreed upon a successor to the office. I, in obedience to the wish then expressed, herewith tender my resignation from the office, with which for eleven years you have honored me. In doing this, I wish to thank you for the uniform courtesy and kindness which I have always received from you, and to express my appreciation of the honor conferred upon me.

Pleasant as it has been for me, however, I have felt since my life has been called away from the active practice of the profession, that one more closely identified with current medical science would fill the position more satisfactorily, and that it would be better for the school. I shall not cease to retain my interest in the welfare of the school in taking this step, but shall always rejoice in its success and shall be glad, in any possible way, to aid

in promoting its prosperity. I might say in explanation of my retirement from active work in the profession, which occupied so many years of my life, that the work which has come to me has been so clearly to me a call of God that I could not feel at liberty to draw back from it.

Very respectfully,

J. P. WIDNEY.

Doctors Ellis, Lindley, and Wills were appointed to draft resolutions representing the feelings of the faculty.<sup>†</sup> . . .

It was ordered that Doctor Widney's letter of resignation be spread on the minutes. Doctor Lindley nominated Dr. H. D. Brainerd for dean. Doctor Kurtz seconded the motion. No other nomination was made. The Chair appointed Professor Conrey, Doctors Ellis and Brainerd to draft a constitution and by-laws to govern the faculty, those drawn up at the organization of the faculty having been mislaid.

W. L. WADE, *Secretary*.

## CLINICAL NOTES AND CASE REPORTS

### LYMPHOBLASTOMA\*

#### A REPORT OF TWO CASES

By LOUIS F. X. WILHELM, M.D.

AND

WILLIAM H. GOECKERMAN, M.D.

Los Angeles

IN recent years there has been much discussion as to the etiology and genetic relationship of the group of diseases more recently classified, first by Mallory<sup>1</sup> and later by Keim,<sup>2</sup> as lymphoblastoma. Under this term they include Hodgkin's disease, lymphosarcoma, mycosis fungoides, and the leukemias. Sternberg,<sup>3</sup> Reed,<sup>4</sup> Longcope,<sup>5</sup> Ewing,<sup>6</sup> and others, believe that they are on an infectious basis. They cite the fact that they have seen leukemic processes develop from acute tonsillitis, diphtheria and pneumonia, and run a short, fatal course or develop into chronic leukemia.

L'Esperance,<sup>7</sup> Stewart and Doan, and others, stress the relationship of many cases of Hodgkin's disease and tuberculosis. They find evidence of avian tuberculosis often when human tuberculosis cannot be found. Warthin,<sup>9</sup> on the other hand, stresses the fact that, "pathologically, the lesions are neoplastic in type rather than granulomatous; they show fine infiltrations and metastases. In their cell types and architecture they follow definite patterns which cannot be explained on the basis of an inflammatory reaction."

Fraser<sup>10</sup> repeatedly has pointed out the genetic relationship existing between mycosis fungoides, lymphosarcoma, and lymphatic leukemia.

Symmers<sup>11</sup> thinks "it is simpler and more natural to correlate these lesions than it is to strain at the impracticable and artificial task of attempting to separate them into clinical and anatomic entities."

<sup>†</sup> For the faculty's resolutions on the resignation of Dr. J. P. Widney, see footnote in the May issue, page 397.

\* Read before the Dermatology and Syphilology Section of the California Medical Association at the sixty-fourth annual session, Yosemite National Park, May 13-16, 1935.